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EDITORIAL COMMENT

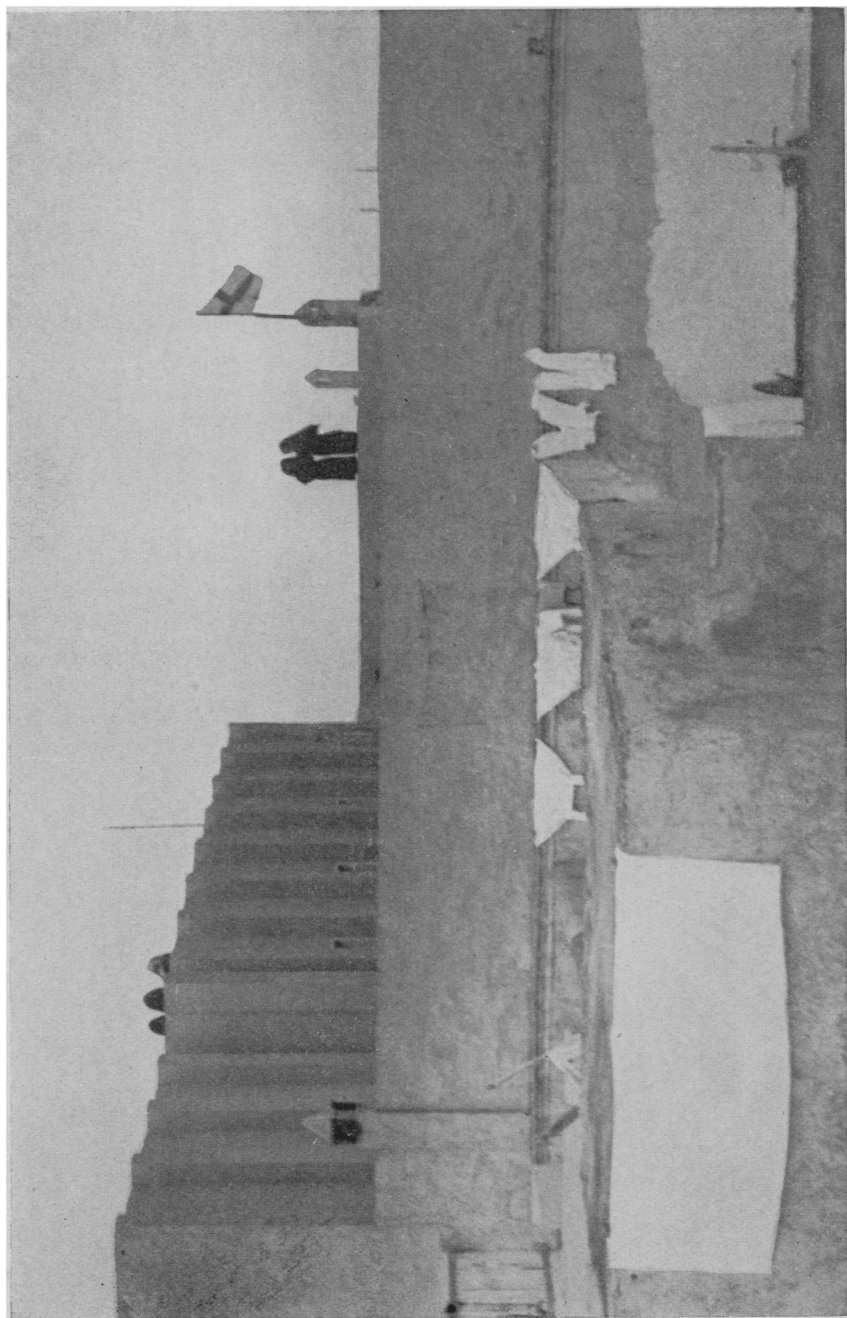


QUESTIONS THAT CONFRONT US FOR 1912

IN so short a time as has elapsed since the last issue of the *JOURNAL* was published, new and important problems have come into view to be studied, developed, or repressed, as the case may be, in the coming year.

It has recently come to the attention of women engaged in visiting nurse work that from motives of economy the Metropolitan Life Insurance Company proposes to put into the field a group of untrained women, who are to do visiting nurse work for the so-called chronic cases, under the supervision of the regular trained nurse. This forces to our attention the recommendation contained in the annual report of the Education Department of the State of New York, which endorses the recommendation of the American Hospital Association Committee, that nurse attendants be trained in hospitals too small to maintain a training school, with a proviso that in these hospitals graduate nurses be employed to take the responsibility of the care of the sick, and that these attendants act only as assistants to graduates.

The address given by Dr. Downing, First Assistant Commissioner of Education of the State of New York, at the New York State Nurses' annual meeting in October, has been in the hands of our readers for several weeks, and his recommendation that the New York law shall be amended to include the registration of a class of trained attendants is now familiar to them.



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TURKISH NURSES WHO HAD NOT DESERTED THE TRIPOLI HOSPITALS DURING THE BOMBARDMENT NOW WATCH THE
LANDING OF ITALIANS

In the November JOURNAL attention was called editorially to changes in requirements in the registration of hospitals in New York, showing that for such registration a hospital must contain not less than fifty beds, with a daily average of thirty patients. This ruling is not retroactive, but applies to unregistered or new hospitals. Existing schools have had eight years in which to comply with the law.

In the proposed action of the Metropolitan Life Insurance Company, with its almost compelling financial influence, and in the recommendation coming from the New York Education Department, there seems to be coming into the nursing field a second grade of nurse, the practical nurse or the so-called attendant, and taken in connection with the ruling of the Education Department that nurses to be registered in New York State must have graduated from schools of not less than fifty beds, we naturally infer that the service for the smaller hospitals is to be supplied by attendants.

Nursing service for all the people must come from some source, and trained nursing not being supplied in sufficient quantity, it becomes evident that this second grade woman will be put into the field.

We are not commenting on the situation at this time more than to urge a serious consideration of the problem upon our readers. Are we, as nurses, to accept this plan, amend our laws, and give our endorsement to women of inferior education, with a short term of training, whose special province shall be the nursing of the patients in small hospitals, and in the homes of the poor and the middle class? This is too great a proposition to be disposed of lightly; it affects every state and every individual nurse. Its supporters bring strong arguments in its favor, while, on the other hand, its opponents see in it much to be deplored.

Another matter for consideration was brought forward at the meeting on Infant Mortality in Chicago and is of vital interest to the whole nursing body; this is the recommendation made there that nurses should take up the practice of midwifery after proper instruction in this line of work.

These three questions,—the use of practical nurses for Metropolitan Life Insurance visiting nursing, the training and registration under the nurse practice acts of attendants, and the midwifery problem, we should like to have discussed briefly, calmly but fully, in our letter department during the year, getting as many points of view on both sides as possible. The sentiment of the nurses of the whole country should be shown in this way.

**THE SMALL HOSPITAL, THE ATTENDANT QUESTION AND THE
SLIDING SCALE**

THE farther one gets from the large cities and the great hospital centres, the more one is impressed with the value of the small general hospital in isolated places or in the smaller cities. This small general hospital has a very different future from the small private hospital established for strictly commercial purposes. It serves the public, rich and poor alike, and as its usefulness becomes more greatly appreciated it increases in size, the history of them all being practically identical; the nursing staff being crowded out of the main building into a near-by private house, the building of a ward, then of a nurses' home, a laundry building, etc., until we find in a few years instead of a limited capacity of perhaps ten beds, that the number is increased to fifty, and creeps on to one hundred or over. We have never known a single instance where one of these small general hospitals has been discontinued. We have never known of one that has not developed along the lines that we have indicated. The quality of the service, of course, depends upon the intelligence of the executive head.

For example, St. Luke's Hospital in New Bedford, Mass., beginning in a roomy old colonial house on a busy street, with ten beds for patients, and all of the working staff living under the roof, is now a model hospital of 150 beds, with as perfect equipment and service as can be found in any of the great centres. St. Luke's Hospital in Kansas City, which we have recently had the privilege of visiting, began in the same way, has reached a capacity of twenty-five beds, and has come to the point where, on the completion of detail plans, a model hospital is to be constructed. There are hundreds of such instances through the country.

In such hospitals, while the number of beds is few in the beginning, the opportunities for the training of nurses for private duty is usually excellent. If this training is poor, it is largely the fault of an incompetent superintendent. From the very limitation of space the cases treated make excellent subjects for clinical study, the superintendent, who usually has charge of both the hospital and training school, is in touch with every detail of the work, and all the pupils watch the progress of each case. The variety of experience is great, although the number of cases of each kind may be few during a nurse's entire term of training, and in some cases affiliation rounds out any special lack. The pupils in such schools are usually drawn from the immediate locality, and the majority do not wander far from their home centres after graduation, but are to be found doing all the different kinds of nursing work that the community requires.

Training schools in these small general hospitals are in number greatly in excess of those connected with the large hospitals in the big cities. It has been shown by the state examinations that many of their graduates compare favorably with those trained in the big rushing institutions. They are excellent private nurses. To recommend to our women who are in charge of small hospitals with such standards and such a future that they shall discontinue the training of nurses, so needed in such communities, and train only attendants would be most disheartening. If the training of attendants in small hospitals is ever put into operation, some means of discrimination and control of the schools will have to be devised. While these good schools would rebel against such a change, there are scores of small private institutions and commercial hospitals that would jump at the chance to obtain a less intelligent class of pupils who could be made to work hard and would not have to be given a kind of training that would be much expense to the institution, and whose living accommodations could be of a lower order. We have hosts of hospitals, large and small, in the great centres, that even to-day use their nurses as a means of cheap service, and give as little in return as the law allows, and the legitimizing of the training of attendants would give to such institutions greater opportunities for commercial gain than they have been able to obtain in the training of nurses. It would seem to us that by approving this plan state registration is defeating its own ends—the more efficient care of the sick. Even with a compulsory registration law there would be no way of preventing the ordinary doctor from saying to his patients, “You do not need a trained nurse; an attendant does just as well, and will not cost you nearly as much,” and the amount an attendant may charge after she has gained a little more knowledge by experience can never be controlled.

Personally we can see no way to provide nursing care for all the people, which is what the attendant proposition amounts to, but the universal adoption of the sliding scale which permits the nurse to increase her charges for those who can pay, and to lower them to meet the needs of the humbler classes. Has not the time come when the whole nursing body should take up this question and in conference with medical organizations try to secure such co-operation from the medical profession as will bring this thing about without lowering the standard of nursing care for the patient?

There are those who claim that the responsibility of providing nursing care for the great middle class does not belong to the nursing profession. From the very first moment of organization life, beginning with the establishment of the Superintendents' Society in Chicago, the nursing

body has assumed the responsibility of the elevation and advancement of nursing education, that the sick may be more skilfully cared for. Is it not equally our responsibility that such skilled service shall be available for all classes of people? With our splendidly organized central registries, controlled absolutely by nurses, could not the sliding scale be so controlled that the abuse of privilege shall be prevented?

CENTRAL REGISTRIES

THE development of central registries is going steadily on, and the results are in every way satisfactory. The establishment of such registries seems to be accomplished with much greater ease the farther one gets from the big nursing centres of the east, although those that have been established in the east are meeting with success. We have not heard of one that has met with any great financial obstacle where there is a club house in connection, with revenue from the renting of rooms to nurses. We think we are justified in recommending to nurses, where the establishment of a club house is under consideration, a somewhat bolder policy, based on the experience that we have already had, that larger apartments or houses be secured, that greater numbers of nurses be brought together under living conditions, and that as rapidly as possible the public and the medical profession shall be educated to the idea that registered nurses in any given community can only be found through such centres, and that practical nurses, when such are desired, can be reached through the same channel.

Recent visits to a number of very successful registries has impressed upon us another side of this kind of club life, which we think is of great importance in view of the fact that the present-day nurse is so much younger when she starts out on her career, and that is the question of protection. The association with older women of broader experience, the personal interest and advice of the registrar, and the proper selection by her of suitable places and cases for this younger group of women such as preventing their being sent to hotels or bachelor apartments to care for men living alone, is one of the most valuable features of the central registry.

Those registries that have organized on the basis of a stock company have passed through the experimental period with success and very little anxiety. We hear, even in localities where opposition from training schools has been pronounced in the beginning, of whole graduating classes enrolling at the one central directory. It only remains for superintendents of training schools to throw their influence into this work

and to turn over to such registries those being maintained by the hospitals, and to educate their pupils to the wisdom of becoming identified with such registries immediately on graduation, to make them all over the country a powerful influence for the betterment of nursing conditions as a whole.

The nurses of Oklahoma City in establishing their club house formed a stock company within the Graduate Nurses' Association, purchased a house in which the club has been maintained for several years, and at the time of our recent visit plans were being developed for moving this house to the rear of the lot and building on the front a modern and commodious club house. We found similar plans under way at Kansas City, where it is intended that a diet kitchen and a lending bureau for sick-room supplies shall be established in connection with the registry. At St. Louis and Indianapolis central registries are being maintained under the auspices of the local associations without financial difficulties. Washington and Baltimore, where central registries were established at about the same time, have the most favorable reports, and at Philadelphia the club and registry have been so successful, although started under great difficulties, that a larger and more commodious house has been taken on a more attractive street.

Such central registries, established by registered nurses, where all nursing interests in a community shall be concentrated, are the logical outcome of the big, commanding, compelling influence of state registration. We want to make these club houses the places to which the public shall turn for everything that has to do with nursing and the sick, containing not only the registry and a hall for meetings, but a diet kitchen and a lending bureau, where every kind of sick-room utensil, from bed-pans to adjustable beds, may be rented for a longer or shorter period at reasonable charges. Such registries are already being used for the headquarters of the Red Cross and the JOURNAL and should be centres of information in regard to all nursing subjects—local, state and national.

THE ISLA STEWART MEMORIAL

It is a consoling thought that the influence of a master-mind does not cease after death but, rather, takes on a new power. So the great loss to the nursing world of its leaders is softened by the quickened determination of their pupils not to let their spiritual force be lost. Such an example is shown in the recent action of the St. Bartholomew nurses to set a fitting and lasting memorial to Miss Stewart in the form of educational scholarships to perpetuate her ideals as well as her

memory. We have always felt that a living memorial is nobler than any monument or statue, however fine; such a memorial does not pass on the spirit of the enshrined dead.

It is in keeping for St. Bartholomew's nurses to lead on in the educational ascent, for among them, to a very special degree, there is found that indefinable something called the progressive spirit. Mrs. Fenwick set the keynote there, long ago, during her matronship, and Miss Stewart, as we all know, in her twenty and more years at St. Bartholomew's, stood like a tower for all progress of that sort which is truly democratic and broadening. Many other English hospitals give their nurses a perfect professional training, but a spirit of joyous expansion and fearless growth has come from St. Bartholomew's that specializes its women wherever they are found, the world over. We wish the memorial well, and that its influence may be far-reaching.

NURSES ON BOARDS OF EXAMINERS

IN line with the appointment of nurses on the boards of managers of institution members of the Red Cross, comes the announcement that Jessie Breeze, a graduate of the Illinois Training School in the class of 1887, has been elected a member of the board of directors of the training school. Miss Breeze is a woman of wide experience, as an assistant in the school and as a private nurse, and is a woman of deliberate judgment; her appointment to the board cannot fail to be a great help in the development of the management of the school. The appointment of nurses on boards of hospitals and training schools has been advocated by the American Nurses' Association and this JOURNAL, many times, but the response has been slow, although we believe it will come in the end, as the value of such appointments has been proven by experience.

A CANADIAN CALENDAR

Hosts of Canadian nurses living in the United States, especially those who are enjoying the privileges of state registration here, would do well to show their allegiance to their home country by purchasing liberally a calendar which is being offered by the Graduate Nurses' Association of Ontario, the proceeds of which are to be used for securing state registration in Canada. The calendar is in attractive shades of buff, it has a speaking likeness of Sairy Gamp as an ornament, the price is twenty-five cents, and it may be obtained from Miss Crosby, 41 Rose Avenue, Toronto.